

Application Data Sheet**Application Information**

Application number::	Not yet assigned
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Title::	✓ Blood Vessel Cutter
Attorney Docket Number::	088/04468
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	3C
Total Drawing Sheets::	6
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

100

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full capacity
Given Name::	<u>Amir</u>
Family Name::	<u>Loshakove</u>
City of Residence::	<u>Moshav-Bazra</u>
Country of Residence::	Israel <u>ILX</u>
Street of mailing address::	P.O. Box 378
City of mailing address::	Moshav-Bazra
Country of mailing address::	Israel
Postal or Zip Code of mailing address::	60944

2-w

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full capacity
Given Name:: Ido
Family Name:: Kilemnik
City of Residence:: Herzelia
Country of Residence:: Israel **ILX**
Street of mailing address:: 35 Nordau Street
City of mailing address:: Herzelia
Country of mailing address:: Israel
Postal or Zip Code of mailing address:: 46585

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full capacity
Given Name:: Gil
Family Name:: Hefer
City of Residence:: Kfar-Saba
Country of Residence:: Israel
Street of mailing address:: 8/8 Herzfeld Street
City of mailing address:: Kfar-Saba
Country of mailing address:: Israel
Postal or Zip Code of mailing address:: 44415

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Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full capacity
Given Name::	<u>Ofer</u>
Family Name::	<u>Nativ</u>
City of Residence::	<u>Rishon-Lezion</u>
Country of Residence::	Israel <i>ILX</i>
Street of mailing address::	11 Hamaayan Street
City of mailing address::	Rishon-Lezion
Country of mailing address::	Israel
Postal or Zip Code of mailing address::	75210

Correspondence Information

Correspondence Customer Number ::


44909

Representative Information

Representative Customer Number::	44909	
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/IL2003/000771	09/25/03
PCT/IL2003/000771	Continuation-in-part of	10/809,274	03/25/04
10/809,274	Continuation of	PCT/IL02/00790	09/25/02
PCT/IL02/00790	Continuation-in-part of	10/668,059	09/22/03
10/668,059	Continuation of	PCT/IL02/00215	03/18/02
PCT/IL02/00215	Continuation-in-part of	10/459,373	06/11/03
10/459,373	Continuation of	PCT/IL01/01019	11/04/01
PCT/IL01/01019	Continuation-in-part of	10/402,375	03/27/03
10/402,375	Continuation of	PCT/IL01/00903	09/25/01
PCT/IL01/00903	Continuation-in-part of	10/459,407	06/11/03
10/459,407	Continuation of	PCT/IL01/00600	06/28/01
This Application	Continuation-in-part of	10/239,387	05/30/03
10/239,387	National Stage of	PCT/IL01/00266	03/20/01
This Application	An application claiming the benefit under 35 USC 119(e)	60/492,998	11/14/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
WO (World Intellectual Property Organization)	PCT/IL02/00790	09/25/02	Yes

Assignee Information

Assignee name:: By-Pass, Inc.
Street of mailing address:: 40 Ramland Road
City of mailing address:: Orangeburg
State or Province of mailing address:: NY
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 10962